INSPECTION CHECKLIST
FOR A TYPE 4 ON-SITE WASTEWATER TREATMENT FACILITY

Recommended for Use in Completing Arizona Department of Environmental Quality Form A316, "Report of Inspection and Notice of Transfer of Ownership"

A. Inspector Information:

Name _____ Phone _____

Address _____ Fax _____

_____

_____

B. Date of Inspection: _____

C. Inspector Qualifications:

- **9** Owner of a vehicle with a Human Excreta Collection and Transportation License (a septage hauler or pumper license) issued pursuant to A.A.C. R18-8-613: *ADEQ License Number* _____, *Expiration Date* _____.
- **9** Grade 2 or higher Wastewater Treatment Plant Operator licensed pursuant to A.A.C. R18-5-112 through 114: *Grade* _____, *Operator Number* _____, *Expiration Date* _____.
- **9** Arizona Registered Sanitarian with 2 years of experience with on-site wastewater treatment facilities: *Registration Number* _____, *Expiration Date* _____.
- **9** Arizona-registered Professional Engineer: *Certificate Number* _____, *Expiration Date* _____.
- **9** Licensed Contractor: *License Classification* _____, *License Number* _____, *Expiration Date* _____.
- **9** Person who is certified or approved as having knowledge and competence in the field of on-site wastewater treatment facilities and associated ADEQ rules: *Describe certification/approval* _____ _____.

D. Property Information:

Property Address _____

_____

_____

_____

County _____ Tax Parcel No. _____

9 Residential **9** Non-residential

E. Name of Current Owner/Seller/Transferor:

_____

_____

F. Name of Buyer/Transferee and Mailing Address:

_____

_____

_____

_____

G. Type of System (check one box):

- **9** Conventional septic tank and disposal system approved under General Aquifer Protection Permit (GP) 4.02
- **9** Alternative on-site system (non-mechanical with gravity flow) approved under GP 4.03 through 4.22 *Type of System* _____.
- **9** Other alternative system approved under GP 4.03 through 4.22 *Type of System* _____.
- **9** On-site wastewater treatment facility from 3000 to less than 24,000 gallons per day approved under GP 4.23 *Type of System* _____.

H. Documents Inspected (check applicable boxes):

- **9** Provisional Verification of General Permit Conformance pursuant to R18-9-A301(D)(1)(c).
- **9** Verification of General Permit Conformance pursuant to R18-9-A301(D)(2)(c).
- **9** Site or plot plan, "as-builts," or other record drawings.
- **9** Operation & Maintenance Plan (Alternative Systems).
- **9** Other (Describe, e.g., documentation of repairs or alterations made to facility, etc.): _____ _____ _____

I. Facility Information:

1. Domestic water source: **9** Municipal system **9** Private water company **9** Individual private well
   9 Shared private well **9** Hauled water.
2. Approximate property size: _____ **9** Square feet **9** Acres.
3. Current occupancy: **9** Full time **9** Seasonal/Part time: About ____% of year **9** Intermittent **9** Vacant **9** Unknown.
4. Date of last facility inspection and/or pumping of septic tank: _____ **9** Unknown.
5. Any known repairs or alterations to the facility since original installation? **9** Yes **9** No **9** Unknown.
6. Design flow permitted in the Verification of General Permit Conformance for the facility per to A.A.C. R18-9-A309(C)(3)(a):
   9 _____ gallons per day **9** Permitted design flow not ascertained.
7. Actual wastewater flow compared to permitted design flow:
   9 Actual flow does not appear to exceed design flow
   9 Actual flow may exceed design flow on the basis of:
      9 Number of occupants; occupancy
      9 Bedroom count
      9 Fixture count
      9 Water meter/usage records
      9 Other _____.
   9 Unknown or could not be determined
8. Strength of sewage received by on-site wastewater treatment facility:
   9 Appears representative of typical sewage strength
   9 Appears to exceed strength of typical sewage because_____.
   9 Unknown or could not be determined
9. Is the facility currently being serviced under a maintenance contract? **9** Yes **9** No **9** Unknown.

J. Septic Tank Information (for conventional septic systems and alternative systems using a septic tank)*:

1. Is the septic tank being pumped as part of this inspection? **9** Yes **9** No.
2. Septic tank material: **9** Pre-cast Concrete **9** Fiberglass **9** Other:_____ **9** Not determined.
3. Estimated liquid capacity of septic tank:
   9 _____ gallons. *Basis for estimate:*_____.
   9 Not determined.
4. Liquid level in septic tank: **9** Normal **9** Below Normal **9** Above Normal **9** Not determined.
5. Evidence of leakage into septic tank (infiltration)? **9** Yes **9** No **9** Not determined.
6. Evidence of leakage out of septic tank (exfiltration)? **9** Yes **9** No **9** Not determined.
7. Access openings in septic tank: **9** One **9** Two **9** Three **9** None **9** Not determined.
8. Depth of soil cover over top of septic tank: **9** _____ inches **9** Not determined.
9. Risers:
   a. Number of risers: **9** One **9** Two **9** Three **9** None **9** Not determined
   b. Are riser openings 20 inches or more in diameter? **9** Yes **9** No **9** Not determined. .
   c. Are riser covers accessible within six inches of finished grade? **9** Yes **9** No **9** Not determined.
10. Compartments: **9** Single **9** Two (standard) **9** More than two: ____ (number) **9** Not determined.
11. Scum/Sludge (measured before pumping):
   a. Primary chamber: Scum depth _____ inches / Sludge depth _____ inches.
   b. Estimated percent of primary chamber liquid volume filled with sludge: _____%.
   c. Secondary chamber: Scum depth _____ inches / Sludge depth _____ inches.
12. Condition of baffles and sanitary "Ts":
   a. Inlet baffle or "T": **9** Present and functional **9** Not present or not functional **9** Not determined .
   b. Outlet baffle or "T": **9** Present and functional **9** Not present or not functional **9** Not determined.
   c. Interior baffle: **9** Present and functional **9** Not present or not functional **9** Multiple tanks (no baffles) **9** Not determined .
13. Effluent filter: **9** Present **9** Not present **9** Not determined **9** Filter serviced.
   Manufacturer name and model: _____ .
14. Comments on physical and/or operational condition of septic tank:_____
   _____
   _____.

*Checklist for this section should be completed as fully as possible, however not all of information may be obtainable, especially if septic tank is not pumped.

K. Disposal Field:

1. Any evidence of malfunction?: **9** No **9** Yes (check all applicable conditions observed)
   9 Wet areas **9** Liquid discharges on surface **9** Impaired hydraulic capacity (backups)
   9 Unusual green/lush vegetation **9** Discharge pipes of unknown origin **9** Erosion encroachment
   9 Other (describe): _____.
2. Any structural or drainage problems?: **9** No **9** Yes (check all applicable conditions observed)
   9 Localized surface settling **9** Apparent root invasion **9** Animal damage
   9 Other (describe): _____.
3. Diversion valve or distribution box present? **9** No **9** Not determined **9** Yes: Please note component type, whether opened for observation, and condition and functionality_____
   _____
   _____.
4. Are inspection ports present in disposal field? **9** No **9** Yes **9** Not determined.
   a. If yes, number of functional ports: _____.
   b. If yes, indicate depths (in inches) from top of each port to:

	Port 1	*Port 2*	*Port 3*	*Port 4*
Port bottom	_____	_____	_____	_____
Wastewater (liquid) surface	_____	_____	_____	_____

5. Is a reserve disposal area available? **9** Yes **9** No **9** Not determined.
6. Is a reserve disposal area shown on available documents? **9** Yes **9** No **9** Not determined.

L. Other Components/Appurtenances (use this section for alternative systems only):

1. Is there a pump chamber? **9** Yes **9** No **9** Not determined.
   a. If pump chamber exists, was maintenance performed? **9** No **9** Yes (describe): _____
   _____.
   b. If pump chamber exists, were repairs performed? **9** No **9** Yes (describe): _____
   _____.
2. Is there a pump or pumps? **9** Yes **9** No **9** Not determined.
   a. If yes, number of pumps: _____.
   b. If pump(s) exist, was maintenance performed? **9** No **9** Yes (describe): _____
   _____.
   c. If pump(s) exist, were repairs performed? **9** No **9** Yes (describe): _____
   _____.
3. Are there system controls (pumps, alarms, fluid level controls, etc.)? **9** Yes **9** No **9** Not determined.
   a. If yes, describe controls: _____
   _____.
   b. If system controls exist, was maintenance performed? **9** No **9** Yes (describe): _____
   _____.
   c. If system controls exist, were repairs performed? **9** No **9** Yes (describe): _____
   _____.
4. Were system settings checked? **9** No **9** Yes, settings OK **9** Yes, settings adjusted (describe): _____
   _____.
5. Are there other mechanical components or appurtenances? **9** Yes **9** No **9** Not determined.
   a. If yes, describe mechanical components and appurtenances: _____
   _____.
   b. If mechanical components or appurtenances, was maintenance performed? **9** No **9** Yes (describe): _____
   _____.
   c. If mechanical components or appurtenances, were repairs performed? **9** No **9** Yes (describe): _____
   _____.
6. Other alternative system components inspected, tests conducted, or maintenance or repair performed? **9** No **9** Yes (describe):
   _____
   _____
   _____
   _____
   _____.

M. Additional Information or Comments:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

N. Sketches/Plans/Maps

O. Other Information

Is other information attached? **9** No **9** Yes: Total number of pages attached _____.